



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE

SCHOLARSHIP/BURSARY APPLICATION FORM

Please complete legibly and in duplicate. Only registered FULL-TIME students
OR students going into FULL-TIME study in Year II will be considered for a Scholarship/Bursary.

NB: IF YOU ARE THE HOLDER OF A RENEWABLE/CONTINUING AWARD, YOU ARE NOT REQUIRED TO SUBMIT ANOTHER APPLICATION.

Section 1

STUDENT ID NO.: _____

SURNAME: _____ OTHER NAMES: _____

PRESENT FACULTY/CAMPUS & DEGREE PROGRAMME:
(Please indicate Minor if any)

PROCEEDING TO: YEAR I YEAR II YEAR III YEAR IV

PERMANENT ADDRESS: _____ MAILING ADDRESS: _____

HOME/PERMANENT PHONE: _____ ARE YOU A STAFF DEPENDENT: YES NO
CELL PHONE NO.: _____ DISABILITY: _____

DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____
NATIONALITY: _____ MARITAL STATUS: _____ SEX: MALE FEMALE

CURRENT AWARD (IF ANY): _____ ANNUAL VALUE OF AWARD (IF APPLICABLE): _____
OTHER FINANCIAL ASSISTANCE – LOAN _____ GRANT _____
\$AMOUNT \$AMOUNT

Section 2

Applicants applying for UWI Co-Curricular Bursaries & Other Bursaries requiring information
On Extra Curricular Activities

Students applying for this Bursary must have a minimum 'B' average in University Examinations.

Please indicate the areas in which you have made contributions during the academic year. The Dean of your Faculty AND/OR the Director, Student Services, must confirm the information provided.

Signature of Dean of Faculty _____ Date _____

Signature of Director, S.A.S. _____ Date _____

Sections 4 & 5

**These Sections must be completed ONLY by students applying for a Bursary/Scholarship
WITH A FINANCIAL NEED ELEMENT**

Section 4 – Household Information

	Household of Parent(s)/Guardian	Household of Student/Spouse
1. Number of persons in household:		
2. Number and ages of dependent children:		
3. Number of these persons in University:	No Parent []	Student []
	One Parent []	Spouse []
	Both Parents []	
	Others []	Others []
4. Parent(s)/Guardian's current marital status:	Single []	
	Married []	
	Separated []	
	Divorced []	
	Widowed []	
5. Is either Parent/Guardian, Spouse:	Mother []	Spouse []
[a] Retired?	Father []	
[b] Employed?	Mother []	Spouse []
	Father []	
[c] Unemployed?	Mother []	Spouse []
	Father []	
[d] Handicapped?	Mother []	Spouse []
	Father []	
[e] Deceased?	Mother []	Spouse []
	Father []	
[f] Living Abroad?	Mother []	Spouse []
	Father []	
6. Occupation:	Mother _____	Student _____
	Father _____	Spouse _____

Section 5

PROJECTED INCOME AND EXPENSES FOR ACADEMIC YEAR OF AWARD

(APPLICANTS ARE REQUIRED TO SUBMIT AN AUTHORIZED JOB LETTER AND A NOTARIZED STATEMENT OF INCOME AND EXPENSES)

(Please complete the relevant column)

		Parent(s)/Guardian \$		Applicant/Spouse \$
1. Family Income for the YEAR:	Mother		Student	
	Father		Spouse	
	Other		Other	
	TOTAL		TOTAL	
2. Expenses for the YEAR:	MORTGAGE			
	RENT - (HOME)			
	RENT - (STUDENT)			
	TUITION FEE: (APPLICANT)			
	TELEPHONE			
	ELECTRICITY			
	WATER			
	GROCERIES (Home)			
	MARKET (Home)			
	GROCERIES (Applicant)			
	MARKET (Applicant)			
	TRAVELLING – (Applicant)			
	BOOKS (Applicant)			
	TOTAL			

I certify that the information provided in this Application for a Scholarship/Bursary is true and correct.

Signature of Applicant	Date

The Registry
 St. Augustine
 24th February 2010
 PB/vp